

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Cumberland

alleg.

MARYLAND

Date

of death 190 9 May 23

Age

Years

Months

Days

2

Sex

Female

Color or  
Race

White

Birth-  
place

Cumberland

Occupation

None

Where Residing if not  
at place of death

—

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

None

Father's  
Name

George Amen

Father's  
Birthplace

Cumberland

Mother's  
Maiden Name

Emma Mackart

Mother's  
Birthplace

Cumbria

Name of person giving  
Information

Bessie Mackart

How related  
to deceased

Grandfather

## CAUSES OF DEATH

71

Primary

Heart failure

How long

two days

Immediate

Cerebral

How long

12 hours

Are the name, age, sex, color, date  
and place correctly given above?

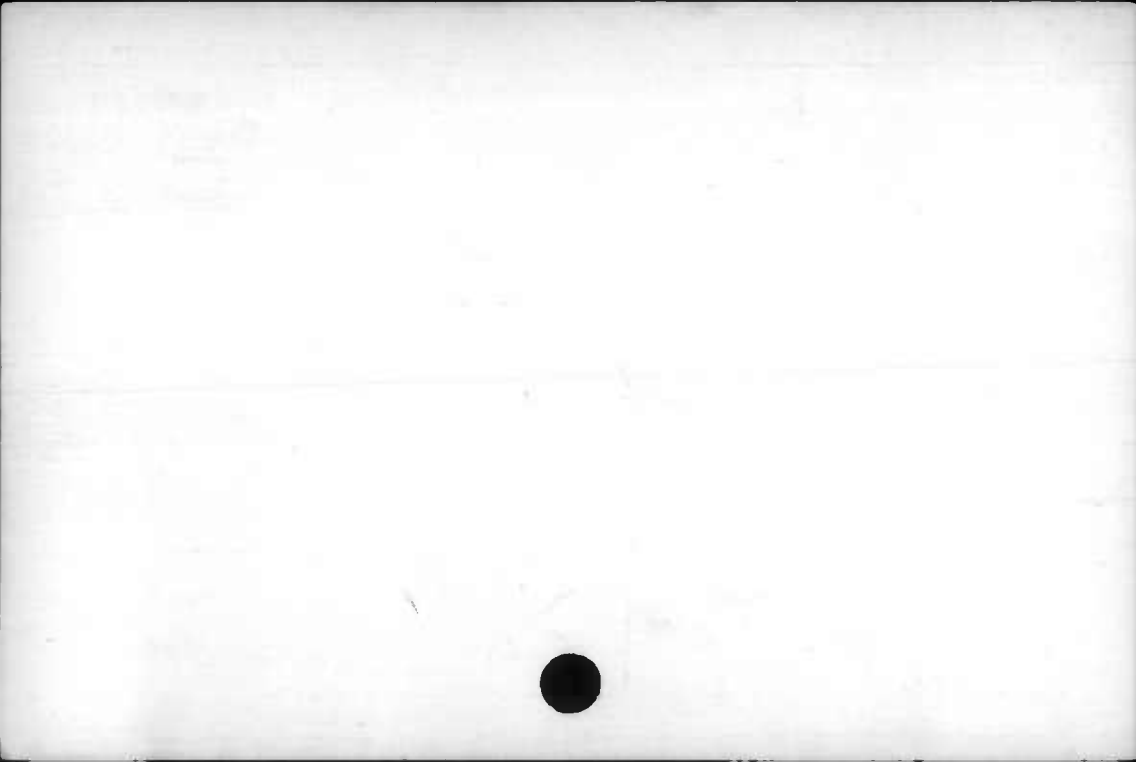
Yes

Signature of  
Physician

Address

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
190		9	5	1	36	8	2
Sex	Female		Color or Race	White		Birth-place	Wid
Occupation	H.W.		Where Residing if not at place of death				
Married, Single or Widowed	married		Name of wife or Husband	Simon Baker			
Father's Name	George Burdock				Father's Birthplace	England	
Mother's Maiden Name	Agnes Morrison				Mother's Birthplace	Wid.	
Name of person giving Information	Simon Baker				How related to deceased	Husband.	

## CAUSES OF DEATH

Primary	Diphtheria		How long	5 days.
Immediate	Inflammatory Rheumatism		How long	2
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	G. L. Siminger M.D.	
		Address	Frostburg Wd.	
Accident or Suicide				

F. F. Co

Name  
in Full

## CERTIFICATE OF DEATH

Margaret Caroline Beale

Died at Chumbulance Alleg MARYLANDDate of death 1909 May 4 Age 20 Months — Days —Sex Female Color or Race White Birth-place MdOccupation none Where Residing if not at place of death Hanover StMarried, Single or Widowed Single Name of Wife or Husband noneFather's Name J. W. Beale Father's Birthplace VaMother's Maiden Name Sarah Pine Mother's Birthplace MdName of person giving Information A M Beale How related to deceased Sister

## CAUSES OF DEATH

27

Primary Pulmonary Tuberculosis How long (?) several monthsImmediate Exhaustion How long (?)

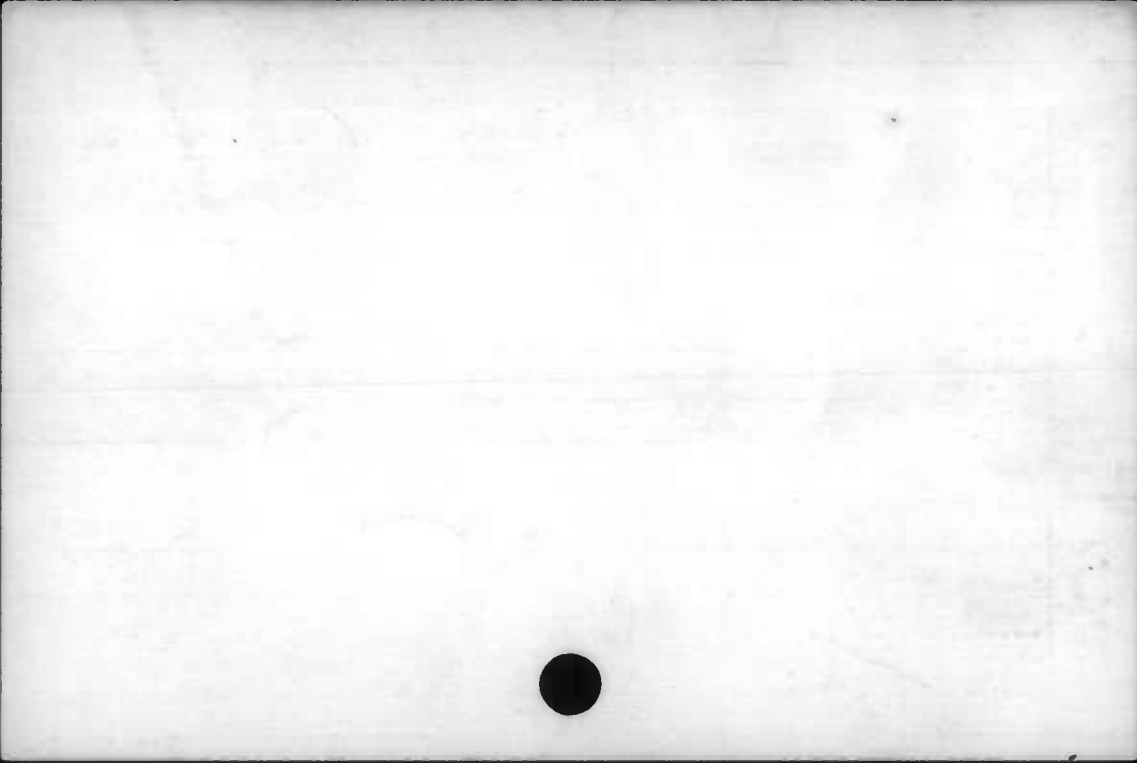
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

James J. Shugart, M.D.  
Cumtland Md.

Accident or Suicide



Name  
in Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Lowry County Allegheny MARYLAND  
 Date of death 1909 5 27 Age 39 Months — Days —  
 Sex Female Color of Race White Birth-place New Port, Ky.  
 Occupation General Where Residing if not at place of death —  
 Married, Single or Widowed Widowed Name of Wife or Husband Louis Benedict  
 Father's Name — Father's Birthplace Unknown  
 Mother's Maiden Name Unknown Mother's Birthplace " "  
 Name of person giving Information Josephine Benedict How related to deceased Daughter

## CAUSES OF DEATH

Primary Typhoid Fever How long From Apr. 18-09  
 Immediate Exhaustion How long —

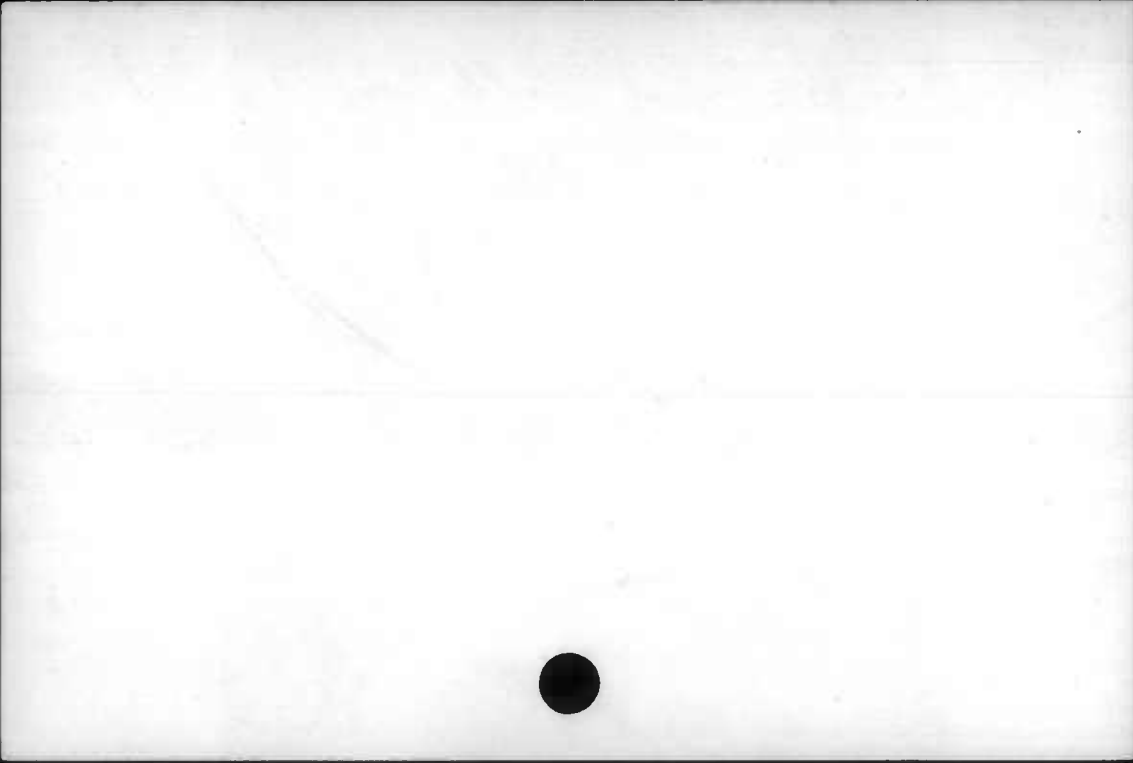
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

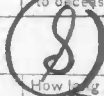
Address

H. V. Denning M.D.  
68 Fayette St  
Cincinnati Md

Accident or Suicide





Name in Full		Infant - Bergman				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Cumberland		Allegany		MARYLAND		
	Date of death	1909	May	28	Age	Months	Still-born	
	Sex	Male		Color or Race	White		Birth-place	
	Occupation	none		Where Residing if not at place of death				
	Married, Single or Widowed	Single		Name of Wife or Husband				
	Father's Name	James F. Bergman				Father's Birthplace	Maryland	
PHYSICIAN OR CORONER	Mother's Maiden Name	Margaret M. Stepp				Mother's Birthplace	Maryland	
	Name of person giving information	James F. Bergman				How related to deceased	Father	
	CAUSES OF DEATH							
	Primary	Still-born - Premature						
Immediate	Unknown					How long	5 mos. intra-uterine	
PHYSICIAN OR CORONER	Are the name, age, sex, color, date and place correctly given above?	yes					Signature of Physician	W. R. Hodges
						Address	Cumberland	
	Accident or Suicide?							



Name  
in  
Full

Anna Emily Brode

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Borden Sotape

Alleghany

MARYLAND

Date

of death 1909

Month

May

Day

16

Years

Age 80

Months

9

Days

4

Sex

Female

Color or  
Race

White

Birth-  
place

Germany

Occupation

Housewife

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Widowed

Name of Wife or  
Husband

Conrad Brode

Father's  
Name

Lapp

Father's  
Birthplace

Germany

Mother's  
Maiden Name

don't know

Mother's  
Birthplace

Germany

Name of person giving  
Information

Chas E Brode

How related  
to deceased

Son

## CAUSES OF DEATH

106

Primary

Illio-colitis

How long

2 weeks

Immediate

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide

Helen  
Allyson

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Child of Jessie I Burd*  
 Died at *Cumberland* *Allegany* County MARYLAND  
 Date of death *1909 May 10* Month Day Years Months Days  
 Sex *Female* Color or Race *Colored* Birth-place *Cumberland*  
 Occupation \_\_\_\_\_ Where Residing if not at place of death *Cumberland*  
 Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband *Jessie Burd*  
 Father's Name *Jessie Burd* Father's Birthplace *Cumberland*  
 Mother's Maiden Name *Jessie Hall* Mother's Birthplace *Washington D.C.*  
 Name of person giving Information *Jessie Burd* How related to deceased *Father*

CAUSES OF DEATH

Primary *Still Birth* How long \_\_\_\_\_  
 Immediate \_\_\_\_\_ How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. H. Schmitt*

Address *Cumberland Md*

Accident or Suicide

PHYSICIAN  
OR CORONER

96013.

---

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

2

Name in Full *James Cameron* - Town *Union* County *Allegheny* MARYLAND

Died at *Union* Date of death 1909 *5* Month *18* Day *Age about 40* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Unknown*

Occupation *Log skidder* Where Residing if not at place of death *"*

Married, Single or Widowed *Unknown* Name of Wife or Husband *Unknown*

Father's Name *" "* Father's Birthplace *Unknown*

Mother's Maiden Name *" "* Mother's Birthplace *" " "*

Name of person giving Information How related to deceased *" " "*

CAUSES OF DEATH

**166**  
How long

PHYSICIAN  
OR CORONER

Primary *Rail Road accident*

Immediate *Exhaustion*

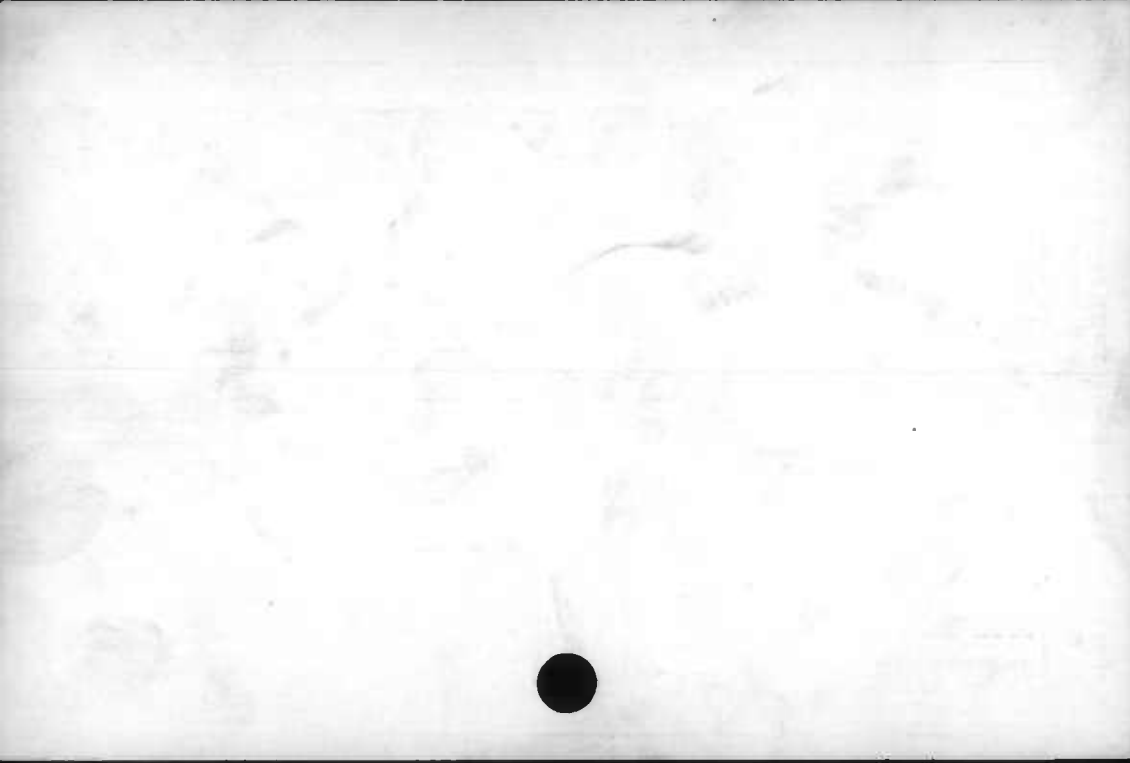
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*JSB*  
Accident or Suicide

*J. H. Maitz, Coroner*  
*Cumberland*  
*Md*





Name  
in  
Full

"Foster" James Clark

CERTIFICATE OF DEATH

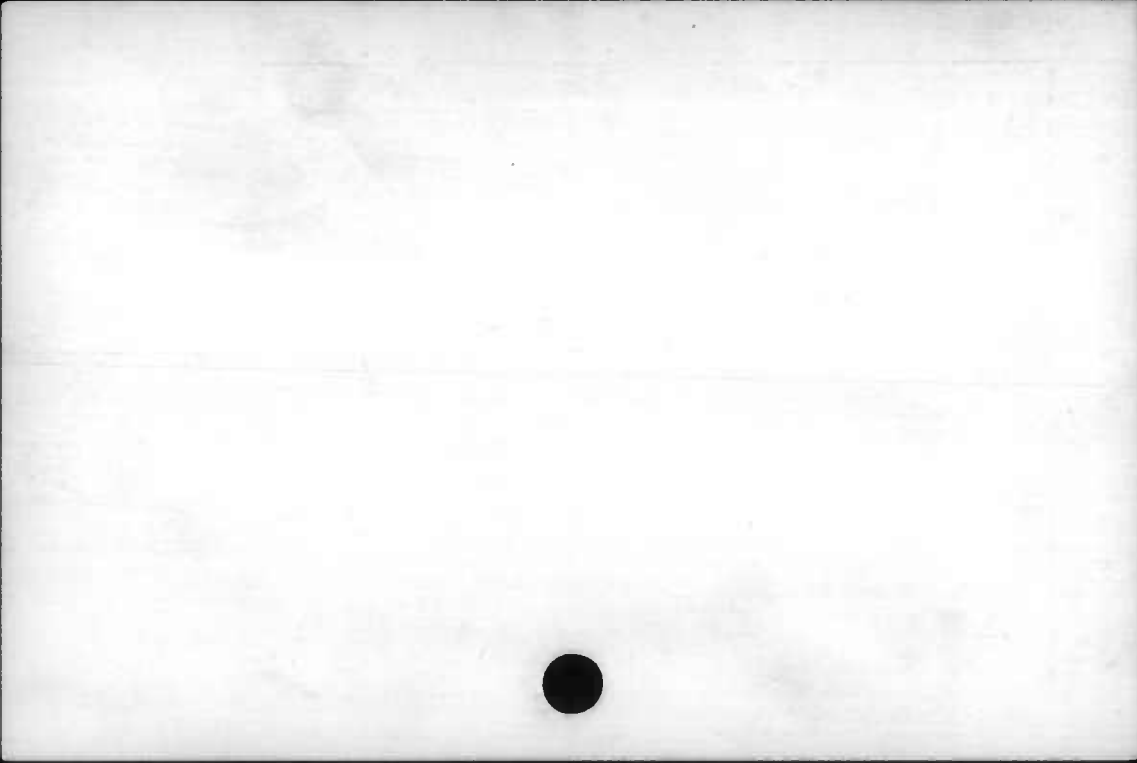
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Baltimore</u> <sup>Town</sup> <u>Allegany</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>9</u> <sup>Month</sup> <u>May</u> <sup>Day</sup> <u>12</u>	Age <u>Unknown</u> <sup>Years</sup>	<u>—</u> <sup>Months</sup>	<u>—</u> <sup>Days</sup>
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth place <u>Unknown</u>	
Occupation <u>Unknown</u>	Where Residing if not at place of death <u>County Jail</u>		
Married, Single or Widowed <u>Unknown</u>	Name of Wife or Husband <u>Unknown</u>		
Father's Name <u>Unknown</u>	Father's Birthplace <u>Unknown</u>		
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Unknown</u>		
Name of person giving Information <u>Unknown</u>	How related to deceased <u>Unknown</u>		

CAUSES OF DEATH

Primary <u>Abs. apoplexy</u>	(64) How long <u>6 ho.</u>
Immediate <u>Exhaustion</u>	
Are the name, age, sex, color, data and place correctly given above? <u>yes</u>	Signature of Physician <u>H. G. Wing</u>
<u>MS</u> Accident or Suicide	Address <u>Baltimore</u>

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Julia Anna Coleman</i>		Town <i>Prostburg</i>		County <i>Alleghany</i>		MARYLAND							
Died at <i>May 12</i>		Month <i>May</i>		Day <i>12</i>		Years <i>73</i>		Months <i>11</i>		Days <i>17</i>			
Date of death <i>1909</i>		Age <i>73</i>		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Hillbary Island</i>		Where Residing if not at place of death			
Occupation <i>Housewife</i>		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Jackson R Coleman</i>		Father's Name <i>Thomas Melish</i>		Father's Birthplace <i>Ireland</i>		Mother's Maiden Name <i>Anna Stacia Melish</i>		Mother's Birthplace <i>Ireland</i>	
Name of person giving Information <i>Thomas Coleman</i>		How related to deceased <i>Son</i>											

## CAUSES OF DEATH

Primary

*Bright's Disease*

How long

*120*

How long

*14yr.*

Immediate

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

Address

*Dr. T. Griffith, Jr.  
Prostburg Md*

Accident or Suicide

PHYSICIAN  
OR CORONER

Jacob Hyle.  
Reform Cemetery.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Griffith Cooper</i>		Town <i>Midlothian</i>		County <i>Alleghany</i>		MARYLAND					
Died at <i>Midlothian</i>		Month <i>May</i>		Day <i>28</i>		Years <i>76</i>		Months <i>3</i>		Days <i>22</i>	
Date of death <i>1909 May 28</i>		Age <i>76</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>England</i>			
Occupation <i>Miner</i>		Where Residing if not at place of death <i>Midlothian</i>		Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Lucy Cooper</i>		Father's Name <i>Anthony Cooper</i>		Father's Birthplace <i>England</i>	
Mother's Maiden Name <i>Sarah Cooper</i>		Mother's Birthplace <i>England</i>		Name of person giving Information <i>Mary J. Smith</i>		How related to deceased <i>Daughter</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Le Gripp</i>	How long <i>3 days</i>
Immediate <i>Pneumonia</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. F. L. Chymes</i>
	Address <i>Midlothian Md.</i>
Accident or Suicide	

F. V. Co - Albany

Name  
in  
Full

*Lola May Daily*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Cumberland* *Allegheny* **MARYLAND**

Date of death *1909* Month *May* Day *3* Age *15* Years Months *10* Days *-*

Sex *Female* Color or Race *White* Birth-place *West va*

Occupation *Student* Where Residing if not at place of death *-*

Married, Single or Widowed *Single* Name of Wife or Husband *-*

Father's Name *Theodore Daily* Father's Birthplace *W. va*

Mother's Maiden Name *Lotte E Williams* Mother's Birthplace *W. va*

Name of person giving Information *Margaret Ruoner* How related to deceased *Aunt*

CAUSES OF DEATH

**27**

Primary *Tuberculosis of Pulvic Organs* How long *8 mos*

Immediate *Pulmonary Tuberculosis* How long *6 mos*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *E. H. Daybrook M.D.*

*Steen* Address *Cumberland Md*

Accident or Suicide

Marlborough

William  
Thesdair



Name  
in Full

Charley Durst

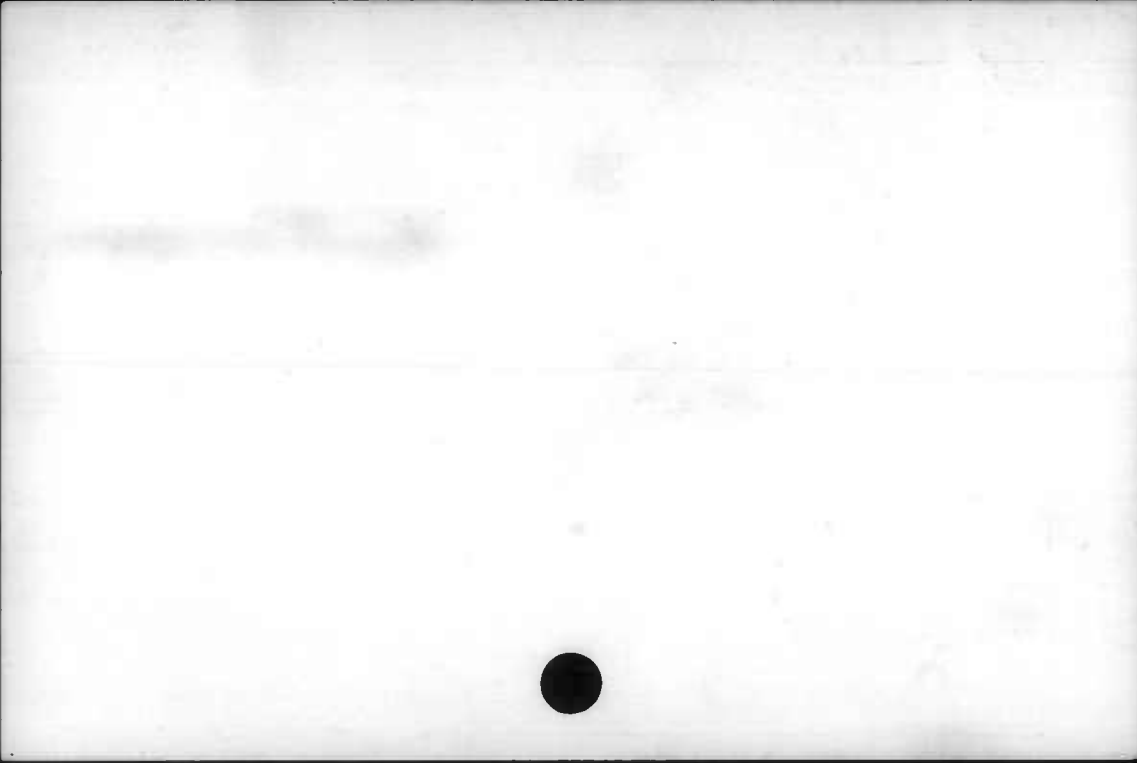
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

2 Died at *Cumtola* County *Allegh.* MARYLAND  
Date of death 1909 *May* *22* Age *20* Months *8* Days  
Sex *Male* Color or Race *White* Birth-place *West Va*  
Occupation *Laborer* Where Residing if not at place of death *Patoka on Cumtola*  
Married, Single or Widowed *Single* Name of Wife or Husband *none*  
Father's Name *Albert Durst* Father's Birthplace *West Va*  
Mother's Maiden Name *Jessy Day* Mother's Birthplace *D. K.*  
Name of person giving Information *Hetzel Cupp* How related *Brother*  
CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *fell out of a Boat* How long *172*  
Immediate *drowned in Potomac River* How long  
Are the name, age, sex, color, date and place correctly given above? *Yes*  
Signature of Physician *J. H. Maltz* Address *Coroner  
Cumberland  
Md*  
Accident *Swindle*



Name  
in  
Full

*W. H. Feaga*

CERTIFICATE OF DEATH

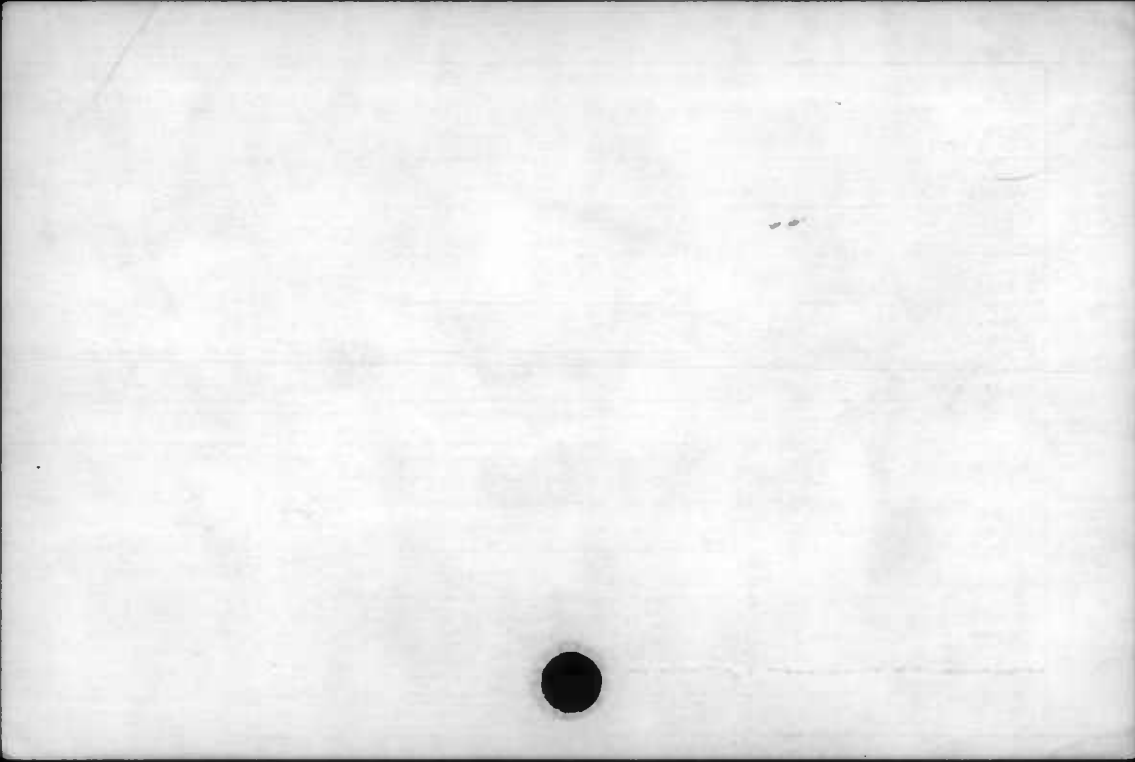
TO BE ANSWERED BY  
NEAREST FRIEND

Disd at <i>Cumtland</i>		County <i>Accagay</i>		MARYLAND	
Date of death 1909	Month <i>5</i>	Day <i>4</i>	Age <i>32</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Cumtland Md</i>			
Occupation <i>B+O C-</i>	Where Reslding if not at place of death				
Marrisd, Single or Widowed <i>Marrisd</i>	Name of Wife or Husband <i>Bertha A. Young</i>				
Father's Name <i>Chas H. Feaga</i>	Father's Birthplace <i>Cumtland Md</i>		Mother's Birthplace <i>Georgetown D.C.</i>		
Mother's Maiden Name <i>Anna L. Ward</i>	How related to deceased <i>Brother</i>				
Nms of person giving Information <i>Wm G. Feaga</i>					

CAUSES OF DEATH

*10*

Primary	<i>Abscess in lung</i>	How long	<i>2 years</i>
Immediate	<i>Grippe</i>	How long	<i>2 weeks</i>
Are the names, ages, sex, color, date and place correctly given above?		Signature of Physician <i>James T. Johnson, M.D.</i>	
<i>ESB</i>		Address <i>Cumtland Md.</i>	
Accident or Suicide			



Name  
in Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

3

Name in Full *Samuel Free* Town *Frostburg* County *Allegany* MARYLAND

Died at *Frostburg* Date of death 1909 *May* Month *8* Day *87* Age *87* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Longford, Ireland*

Occupation *Stone cutter* Where Residing if not at place of death *Frostburg, Md*

Married, Single or Widowed *Widower* Name of Wife or Husband *Mrs. Mary Free*

Father's Name *William Free* Father's Birthplace *Ireland*

Mother's Maiden Name *Ann McDowell* Mother's Birthplace *Ireland*

Name of person giving Information *W. M. Lannan* How related to deceased *Nephew*

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary *Subacute Gastritis* How long *Several years*

Immediate *Cardiac exhaustion* How long *Short time*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. E. Cober* Address *Frostburg, Md*

Accident or Suicide *No*

J. V. Shipp

Name  
in  
Full

CERTIFICATE OF DEATH

*Leonard S. Fisher*

Town

County

MARYLAND

Died at

*Cumberland*

Date of death

1909

Month

5

Day

11

Age

Years

Months

8

Days

Sex

*male*

Color or Race

*white*

Birth place

*Cumt'd*

Occupation

*\_\_\_\_\_*

Where Residing if not at place of death

*Cumt'd*

Married, Single or Widowed

*\_\_\_\_\_*

Name of Wife or Husband

*\_\_\_\_\_*

Father's Name

*Do not know*

Father's Birthplace

*\_\_\_\_\_*

Mother's Maiden Name

*Do not know*

Mother's Birthplace

*Left in Dowsy of G.H. Fisher*

Name of person giving Information

*Geo H Fisher*

How related to deceased

CAUSES OF DEATH

*105*

Primary

*Myocardium*

How long

*7 hrs*

Immediate

*Gastro Intest*

How long

*2 days*

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

*E.B. Claybrook*

Address

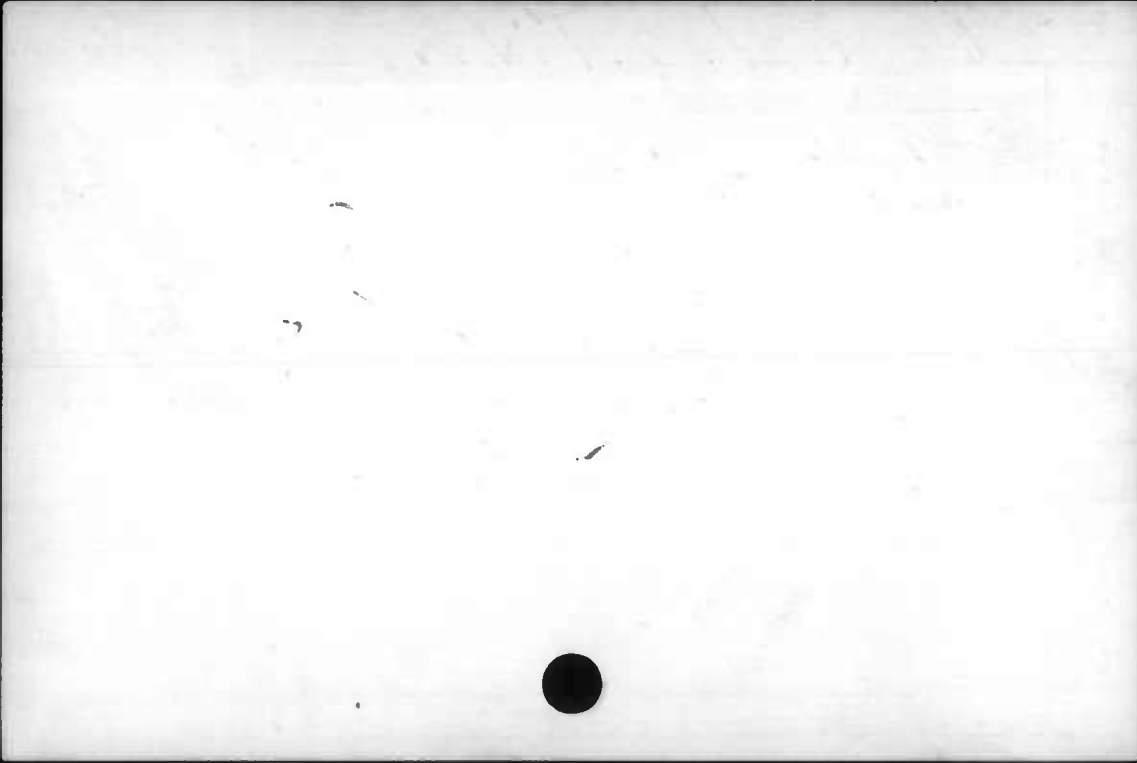
*Cumt'd Md*

Accident or Suicide

*J.C.W.*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name  
in  
Full

Octavia Greene

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

7

Died at <i>Cumberland</i>		County <i>Allegany</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>May</i>	Day <i>17</i>	Age <i>64</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Va</i>			
Occupation <i>retired housekeeper</i>	Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>Married</i>	Name of <del>Wife</del> Husband <i>W. Z. Greene.</i>				
Father's Name <i>George W. Isral</i>	Father's Birthplace <i> Md.</i>				
Mother's Maiden Name <i>Sarah Rozelle Woodward</i>	Mother's Birthplace <i> Wash. D.C.</i>				
Name of person giving Information <i>W. Z. Greene</i>	How related to deceased <i>Husband.</i>				

CAUSES OF DEATH

Primary <i>Paralysis</i>	How long <i>66</i>	<i>5 days</i>
Immediate <i>Coma</i>	How long <i>36 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. Bracken D</i>	
<i>Stetson</i>	Address <i>Cumberland Md</i>	
Accident or Suicide <i>Burds, Md</i>		

PHYSICIAN  
OR CORONER

Boyd man

Charles Henry man

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*George S. Hawk*

Died at *Burrhead* <sup>Town</sup> *Alleg.* <sup>County</sup> **MARYLAND**

Date of death *1909* <sup>Month</sup> *May* <sup>Day</sup> *20* Age *58* <sup>Years</sup> *—* <sup>Months</sup> *—* <sup>Days</sup> *—*

Sex *Male* Color or Race *White* Birth-place *West Va*

Occupation *Contractor* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Sarah Hawk*

Father's Name *Enoch Hawk* Father's Birthplace *West Va*

Mother's Maiden Name *Sarah Reed* Mother's Birthplace *West Va*

Name of person giving Information *" "* How related to deceased *Wife.*

CAUSES OF DEATH

**104**

PHYSICIAN  
OR CORONER

Primary *acute indigestion.* How long *20 Minutes*

Immediate *Heart Failure* How long *20 Minutes*

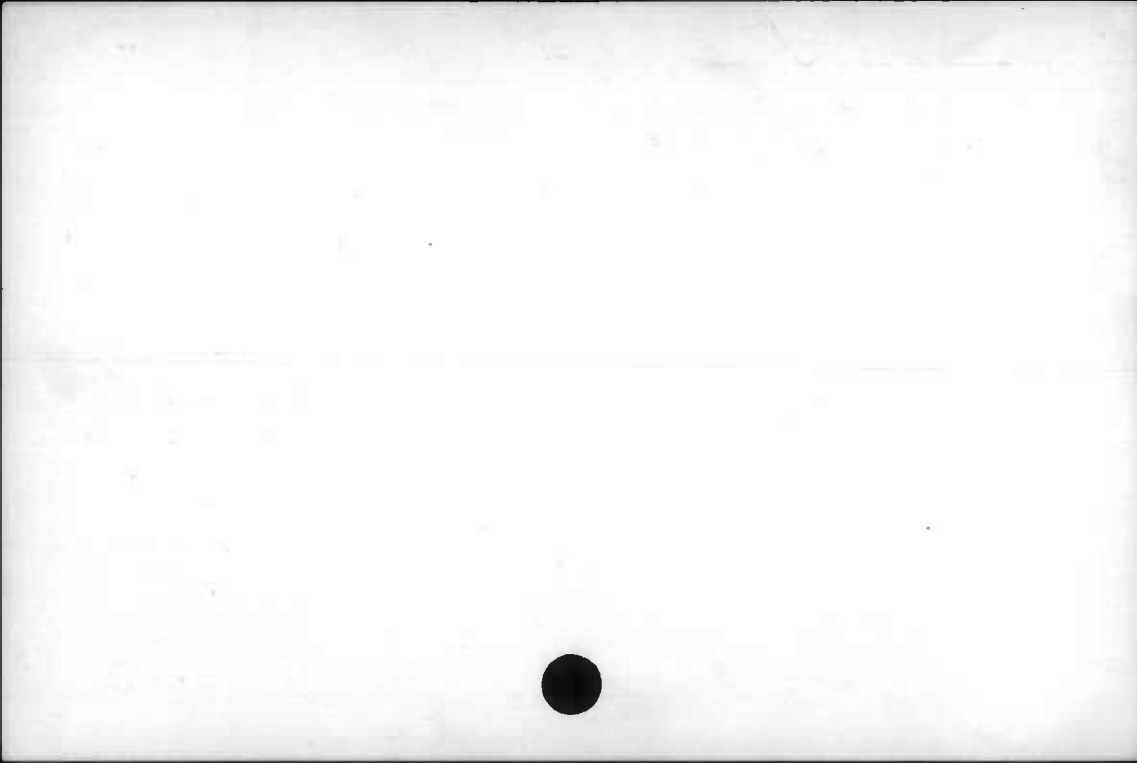
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *F. H. Burrhead*

Address *Cumbehar Ind.*

*Barbours*

Accident or Suicide ☐



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Frostburg

Town

County

Alleghany

MARYLAND

Date

of death

1909

Month

May

Day

24

Age

Years

Months

Days

17

Sex

Male

Color or  
Race

White

Birth-  
place

Frostburg Md

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Harvey Hilerman

Father's  
Birthplace

Summerset Pa

Mother's  
Maiden Name

Sadie Neal

Mother's  
Birthplace

Frostburg

Name of person giving  
Information

Harvey Hilerman

How related  
to deceased

Father

## CAUSES OF DEATH

92

Primary

Pulmonary bronchitis

How long

3 days

Immediate

" "

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes.

Signature of  
Physician

J. G. Smith

Address

Frostburg Md

Accident or Suicide

PHYSICIAN  
OR CORONER

Allegany  
J. Hoyer,

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

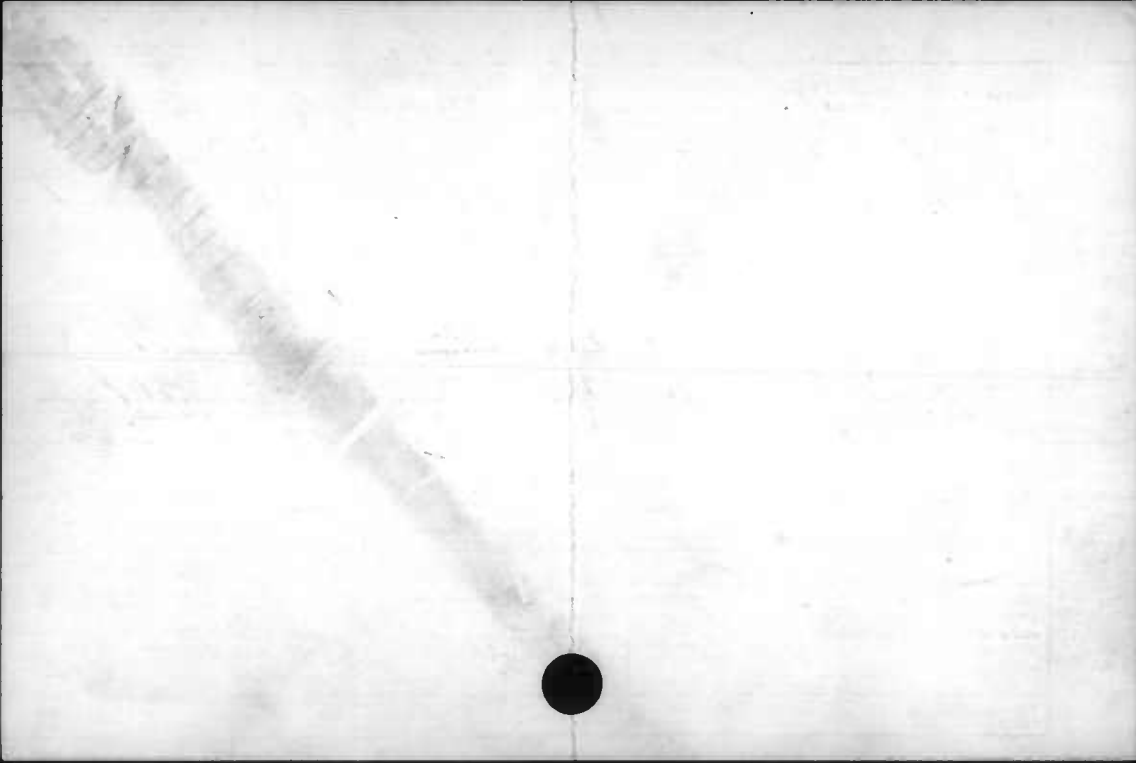
Name in Full <i>Clifton Y. Trassie</i>		Town <i>Rockland</i>		County <i>Alleghany</i>		MARYLAND	
Died at		Date of death		Age		Months	
<i>Rockland</i>		<i>1907</i>		<i>5</i>		<i>2</i>	
Month <i>5</i>		Day <i>6</i>		Years		Days <i>8</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Rockland</i>			
Occupation <i>man</i>		Where Residing if not at place of death <i>Rockland</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>son</i>					
Father's Name <i>Milton Trassie</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Salama Witt</i>		Mother's Birthplace <i>md</i>					
Name of person giving Information <i>Milton Trassie</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <i>Gastro-enteritis</i>	How long <i>Two mos.</i>
Immediate <i>marutition</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>ye</i>	Signature of Physician <i>J. C. Holdsworth</i>
	Address <i>Rockland</i>
Accident or Suicide	<i>md.</i>





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Eckhart</i> <sup>Town</sup>		<i>Alley</i> <sup>County</sup>		MARYLAND	
Date of death	1909	Month	May	Day	28
Age	Years		Months		Days
Sex	<i>M</i>		Color or Race	<i>W</i>	
Occupation			Birthplace	<i>Eckhart</i>	
Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			<i>Abraham Lewis</i>		
Mother's Maiden Name			<i>Marth. Willison</i>		
Name of person giving information			<i>A. Lewis</i>		
Father's Birthplace			<i>Ind</i>		
Mother's Birthplace			<i>Ind</i>		
How related to deceased			<i>Father</i>		

## CAUSES OF DEATH

178

PHYSICIAN  
OR CORONER

Primary	<i>Body found dead in bed one hour after nursing apparently well</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. Griffith</i>
		Address	<i>Hamlet, Ind</i>
Accident or Suicide?			

Body - old cemetery, Durst

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Date

of death 1907

Month

May

Day

30

Age

Years

86

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Pa

Occupation

Merchant

Where Residing if not  
at place of death

Sylvan Retreat

Married, Single  
or Widowed

Widowed

Name of Wife or  
Husband

Mary Gomer

Father's  
Name

Don't Know

Father's  
Birthplace

D.K.

Mother's  
Maiden Name

"

"

Mother's  
Birthplace

"

"

Name of person giving  
Information

John S. Hady

How related  
to deceased

Son-in-law

## CAUSES OF DEATH

120

Primary

Bright's Disease

How long

2 yrs.

Immediate

Exhaustion

How long

1 wk

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

W. F. Twigg.

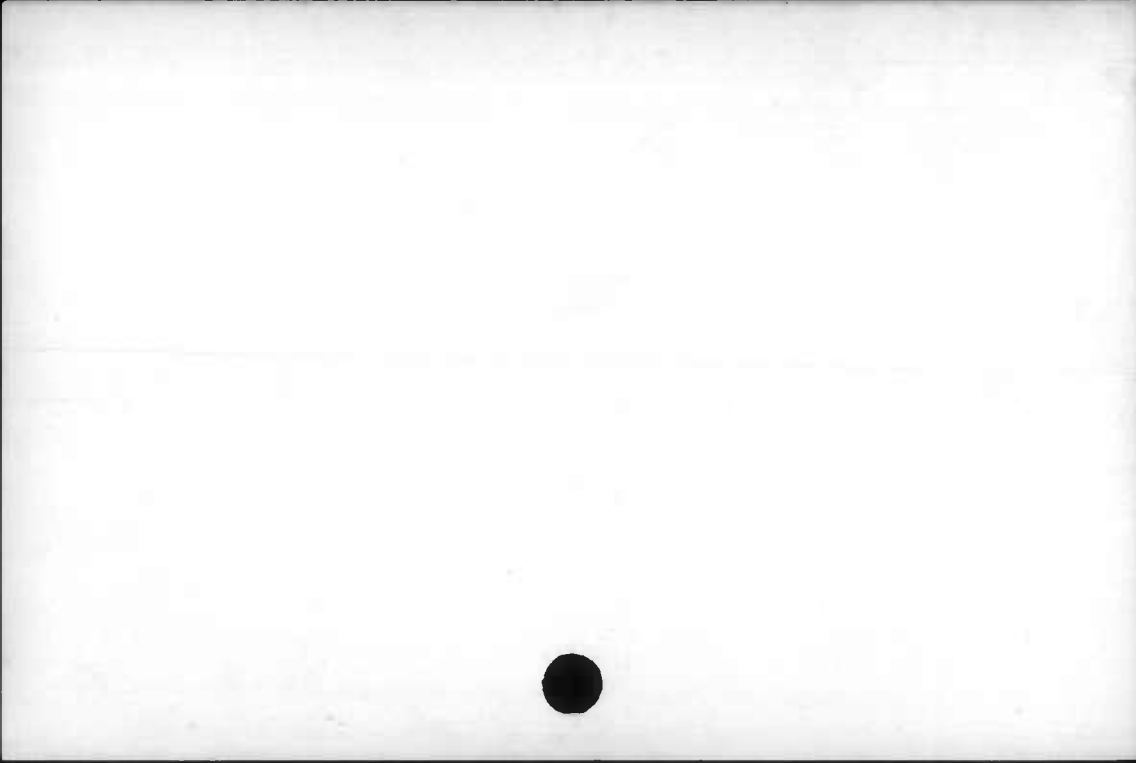
Address

Cumberland  
Md.

Accident or Suicide

Erescot Pa

PHYSICIAN  
OR CORONER



Name  
in  
Full

Carrie McBees

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		County	MARYLAND	
Date of death		Month	Day	Years
1909 May 18		Age	20	
Sex	Color or Race	Birth-place		
Female	White	George Town, W. Va		
Occupation	Where Residing if not at place of death			
Waitress	Hanover St.			
Married, Single or Widowed	Name of Wife or Husband			
Single	—			
Father's Name	Father's Birthplace			
Frank McBees	W. Va.			
Mother's Maiden Name	Mother's Birthplace			
Fannie Allen	W. Va.			
Name of person giving Information	How related to deceased			
Bertinde Buck	Cousin			

## CAUSES OF DEATH

134

Primary Ruptured Tubal Pregnancy 4 days  
How long

Immediate Post Op. Shock 12 hrs  
How long

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician E. B. Delaplane

Address Oakdale, Md.

Accident or Suicide Steve

North Mountain W. Va

North Mountain was

Name  
in  
Full

Child *N. G. M. Pride*

CERTIFICATE OF DEATH

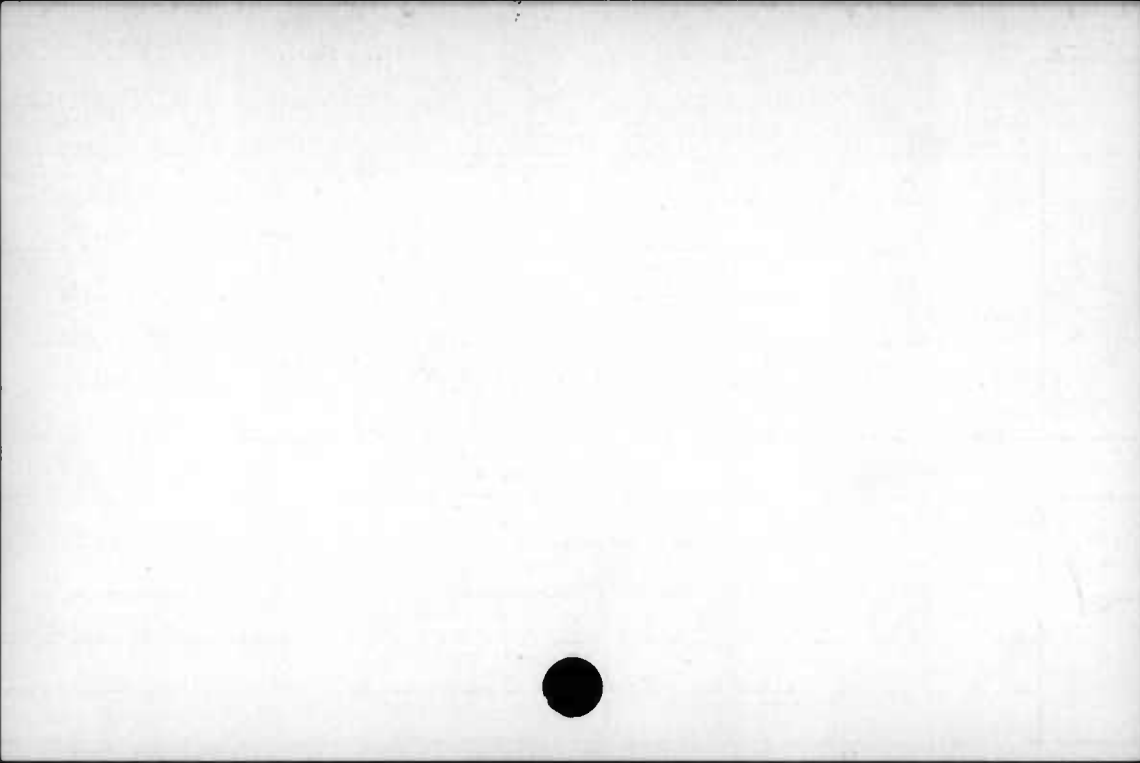
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Amberland</i> <i>Amberland</i> County		MAYLAND	
Date of death <i>1909</i>	Month <i>5</i>	Day <i>29</i>	Age <i>3</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth place <i>Amberland</i>	
Occupation <i>—</i>	Where Residing if not at place of death <i>Amberland</i>		
<input checked="" type="checkbox"/> Married, Single or <input checked="" type="checkbox"/> Widowed	Name of Wife or Husband <i>N. G. M. Pride</i>		
Father's Name <i>N. G. M. Pride</i>	Father's Birthplace <i>Round Bottom</i>		
Mother's Maiden Name <i>Etie Alexander</i>	Mother's Birthplace <i>Saint Paul</i>		
Name of person giving information <i>N. G. M. Pride</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Purpura</i>	How long <i>3 days</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Thos. H. Koon</i>
	Address <i>Amberland</i>
Accident or Suicide?	<i>no</i>





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Catharine Madasky</i>		Town <i>Cochran</i>		County <i>Allegheny</i>		STATE <i>MARYLAND</i>	
Died at <i>Cochran</i>		Month <i>May</i>		Day <i>17</i>		Years <i>1909</i>	
Date of death <i>1909 May 17</i>		Age <i>70</i>		Months <i>6</i>		Days <i>26</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Hungaria</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Joseph Madasky</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Hungaria</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Hungaria</i>					
Name of person giving Information <i>Joseph Madasky</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

177

PHYSICIAN  
OR CORONER

Primary	<i>Ascites</i>	How long	<i>2 months</i>
Immediate	<i>Heart Failure</i>	How long	<i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>G. L. Linnings</i>	
		Address <i>Groveton Md</i>	
Accident or Suicide <i>—</i>			

Hope  
Catholic C

Name  
in  
Full~~Ethel~~ *Marten*

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Granetown</i>		County <i>Alleghany</i>		MARYLAND	
Date of death 1909		Month <i>May</i>	Day <i>21</i>	Age <i>14</i>	Months <i>11</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Granetown</i>	
Occupation <i>—</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Isaac Marten</i>		Father's Birthplace <i>Midland Ind</i>			
Mother's Maiden Name <i>Catherine Arthur</i>		Mother's Birthplace <i>Borden Ind</i>			
Name of person giving Information <i>Isaac Marten</i>		How related to deceased <i>Father</i>			

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Acute Pneumonic Phthisis</i>	How long	<i>Six days.</i>
Immediate	<i>Toxaemia</i>	How long	<i>Three days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. A. R. Walker</i>	
		Address <i>Frostburg.</i>	
Accident or Suicide <i>—</i>			

Allegheny.  
Jacob Hoyer

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

infant *Meyer* *Alle*

Died at *Cumberland* *Alle* **MARYLAND**

Date of death 1909 *May* *14* Age *—* Month *—* Day *—*

Sex *Male* Color or Race *White* Birth-place *Md*

Occupation *none* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Joseph Meyer* Father's Birthplace *Md*

Mother's Maiden Name *Mary Winder* Mother's Birthplace *Md*

Name of person giving Information *Joseph Meyer* How related to deceased *Father*

CAUSES OF DEATH

Primary *Still Birth 8<sup>th</sup> month Placenta previa* How long *—*

Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

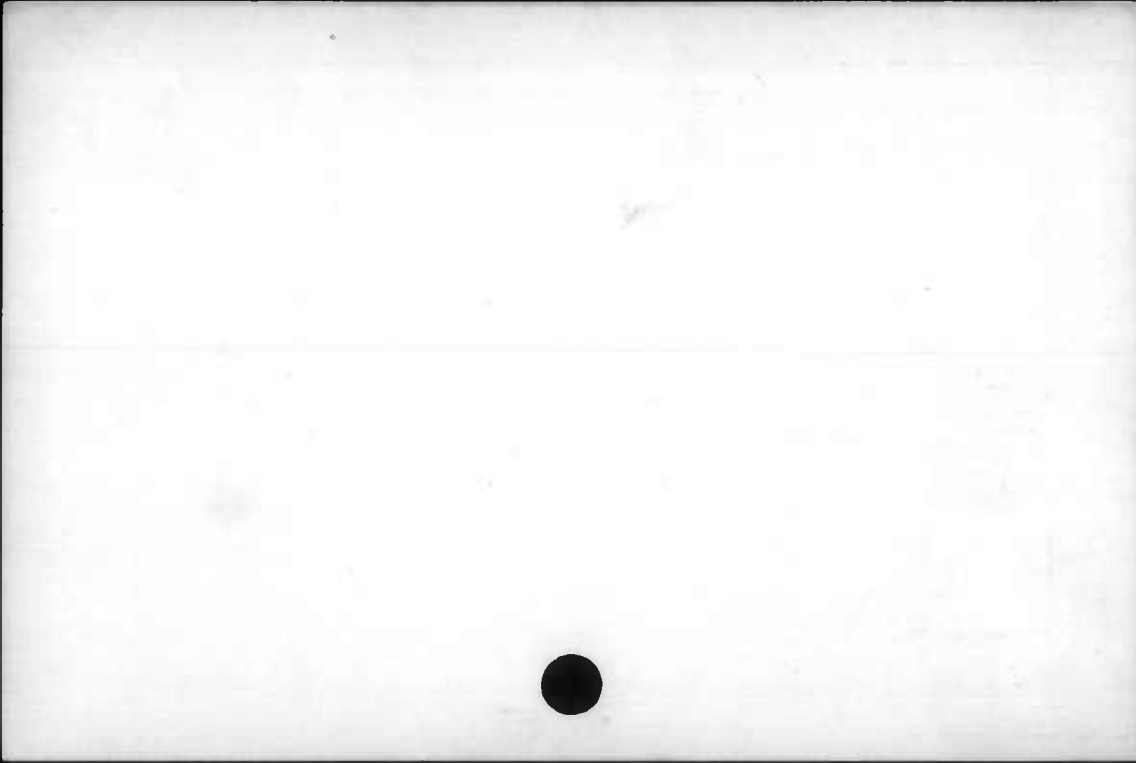
Signature of Physician *J. H. Jochman*

Address *Cumberland Md. Foughtman*

*HP*

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

John Mills

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

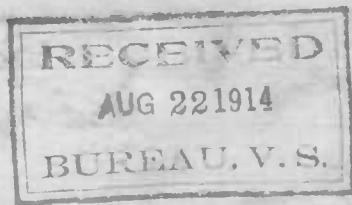
Died at		Town		County		MARYLAND	
Little Orleans		Allegany					
Date of Death	190	Month	Day	Age	Years	Months	Days
9	May	10	79			2	
Sex	male	Color or Race	white	Birth-place	Indiana		
Married, Single or Widowed	married	Occupation	farmer				
Name of Wife or Husband	Sarah Anna Mills, nee Catterton						
Father's Name	John			Father's Birthplace	Ireland		
Mother's Maiden Name	Bettie Mrs Mills Through			Mother's Birthplace	Ireland		
Name of person giving information	Rev. Henry S. Kagerer			How related to deceased	wife		

Through to

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Paralysis	How long	4 years
Immediate	Heart Trouble	How long	a few days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	John A. Watson MD
		Address	Quincy Grove MD
Accident or Suicide?			



RECEIVED

AUG 22 1914

BUREAU, V. S.



Name  
in  
Full

Child of James Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Essex</i>		County <i>Allegheny</i>		MARYLAND	
Date of death	1909	Month	5	Day	14
Age	Years		Months		Days
Sex	<i>m</i>		Color or Race	<i>W.</i>	
Occupation	<i>Chill.</i>		Birth-place	<i>md</i>	
Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
<i>James Moore</i>			<i>Ireland</i>		
Mother's Maiden Name			Mother's Birthplace		
<i>Mary Harriman</i>			<i>Maryland</i>		
Name of person giving information			How related to deceased		
<i>Mary Harriman Moore</i>			<i>mother</i>		

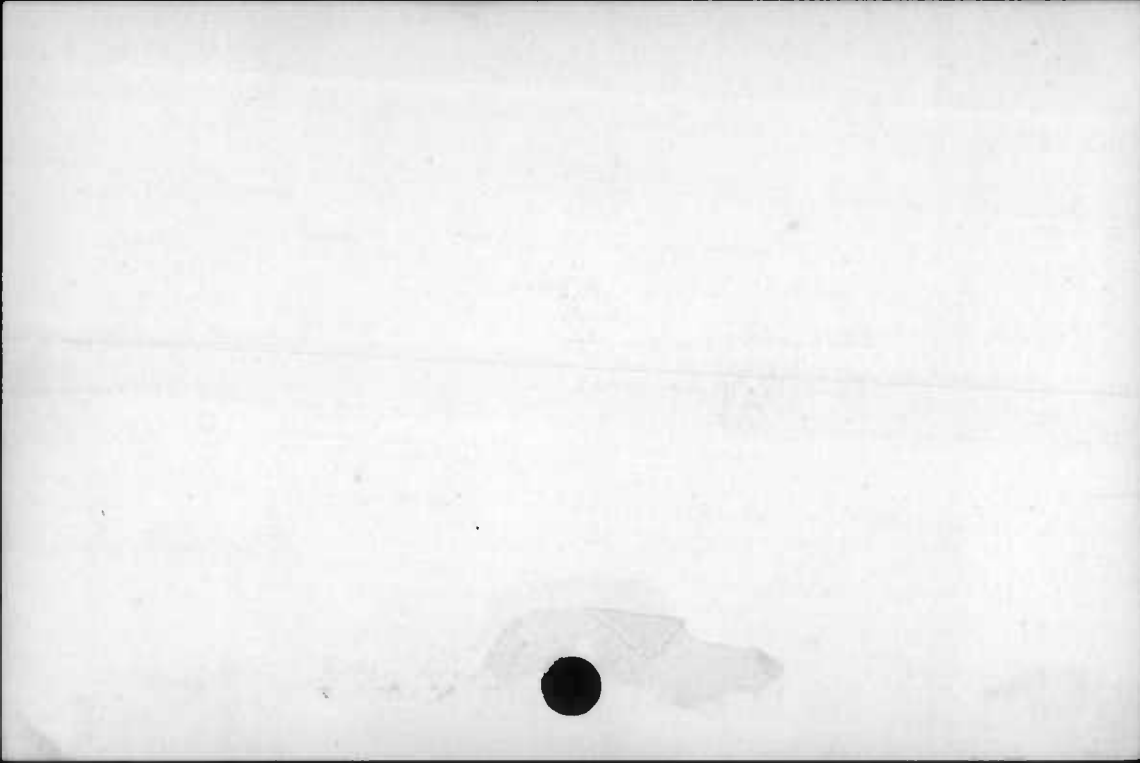
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Still born</i>	How long	<i>8</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>Dr. H. M. Lane</i>	
		Address	
		<i>Maryland</i>	
		<i>Frostburg, Allegheny Co.</i>	
Accident or Suicide?			

F. H. Co.  
Catholics

Name in Full		Katherine O'Connor				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Eckhart Mines</i>		Town <i>Allegany</i>		County		MARYLAND
	Date of death <i>1909</i>	Month <i>May</i>	Day <i>30</i>	Age <i>74</i>	Years <i>11</i>	Months <i>12</i>	Days
	Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ireland</i>		
	Occupation <i>Housewife</i>		Where Residing if not at place of death <i>X X X</i>				
	Married, Single or Widowed		Name of Wife or Husband <i>James O'Connor</i>				
	Father's Name <i>Matthew Bohan</i>				Father's Birthplace <i>Ireland</i>		
	Mother's Maiden Name <i>Katherine Wall-</i>				Mother's Birthplace <i>Ireland</i>		
Name of person giving information <i>Katy O'Connor</i>				How related to deceased <i>Daughter</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Probably Cancer of bowels</i>				How long <i>5 months</i>		
	Immediate <i>Exhaustion</i>				How long <i>2 months</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>				Signature of Physician <i>B. M. Arnold M. D.</i>		
					Address <i>Eckhart Mines</i>		
	Accident or Suicide?				<i>M. S.</i>		



Name  
in  
Full

*H. Clark Patton*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

✓ Died at *Camden* County *Wessex* MARYLAND  
Date of death 1909 5-28 Age 40 -  
Sex *Male* Color or Race *White* Birthplace *Unknown*  
Occupation *Salesman* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Unknown*

Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown*

Mother's Birthplace *Unknown*

Name of person giving Information *Dr C. H. Barr*

How related to deceased *Brother-in-Law*

CAUSES OF DEATH

160

Primary *Melancholia* How long *Immediate*

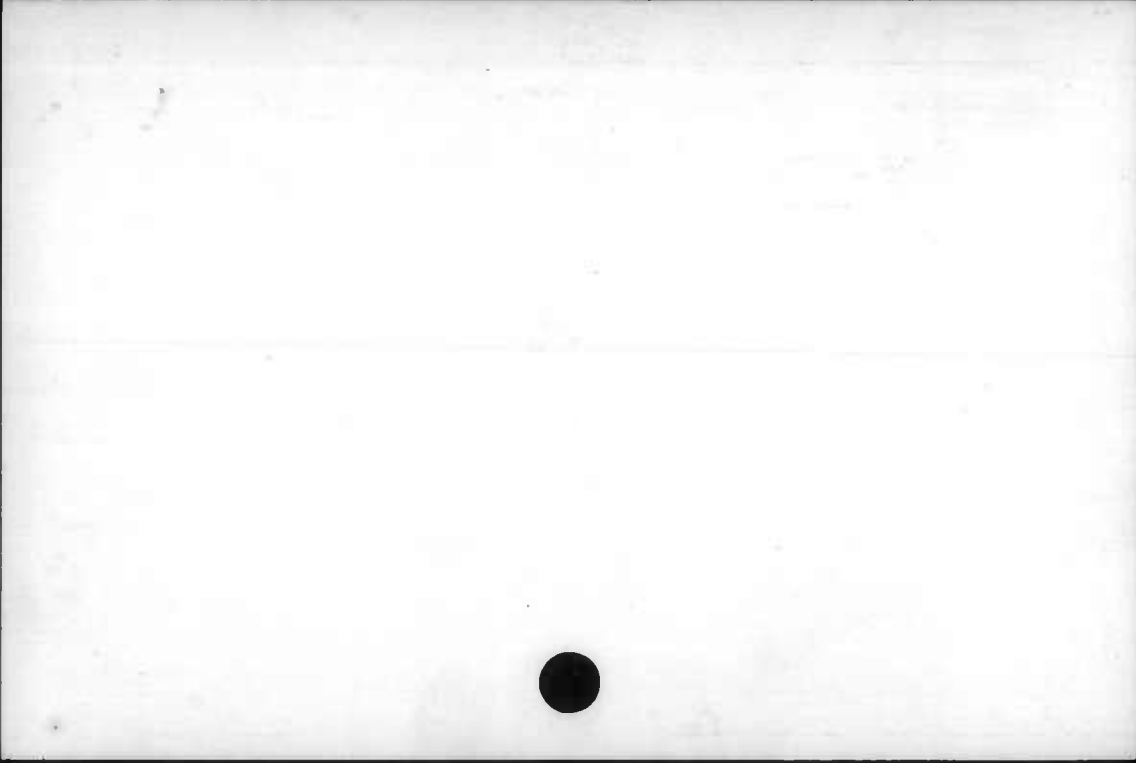
Immediate *Suicide by his Throat*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *J. H. Math, Coroner*

Address *Camden Md*

Accident or Suicide



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>James Powell</i>		Town <i>Frostburg</i>		County <i>Allegany</i>		MARYLAND	
Died at <i>Frostburg</i>		Month <i>May</i>		Day <i>4</i>		Years <i>45</i>	
Date of death <i>1909</i>		Month <i>May</i>		Day <i>4</i>		Years <i>45</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Borden Shaft</i>		Months <i>3</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Webster Hill</i>		Name of Wife or Husband <i>David H Powell</i>		Married, Single or Widowed <i>Married</i>	
Father's Name <i>John E Lewis</i>		Father's Birthplace <i>Wales</i>		Mother's Maiden Name <i>Margaret Edwards</i>		Mother's Birthplace <i>Wales</i>	
Name of person giving Information <i>David H Powell</i>		How related to deceased <i>Husband</i>		78		How long <i>Six weeks</i>	

## CAUSES OF DEATH

Primary <i>Pneumonia &amp; Myocarditis</i>	How long <i>Six weeks</i>
Immediate <i>Cordis insufficiency</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Thompson</i>
	Address <i>Frostburg Md</i>
Accident or Suicide	

J. H. Co -  
The Shuckers



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Thomas P Roberson*

Town *Elintstone* County *allergang* MARYLAND

Died at *Elintstone*

Date of death 1909 *May* *28* Age *73* Months *4* Days *28*

Sex *Male* Color or Race *White* Birth-place

Occupation *Physician* Where Residing if not at place of death *Elintstone*

Married, Single or Widowed *Married* Name of Wife or Husband *Mary Virginia Beall.*

Father's Name *Thomas Roberson* Father's Birthplace *Maryland*

Mother's Maiden Name *Esmeline Perry* Mother's Birthplace *Virginia*

Name of person giving Information *Mary T. Roberson* How related to deceased *Daughter*

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary *Cerebral Hemorrhage* (Causing Paralysis) How long *Two years*

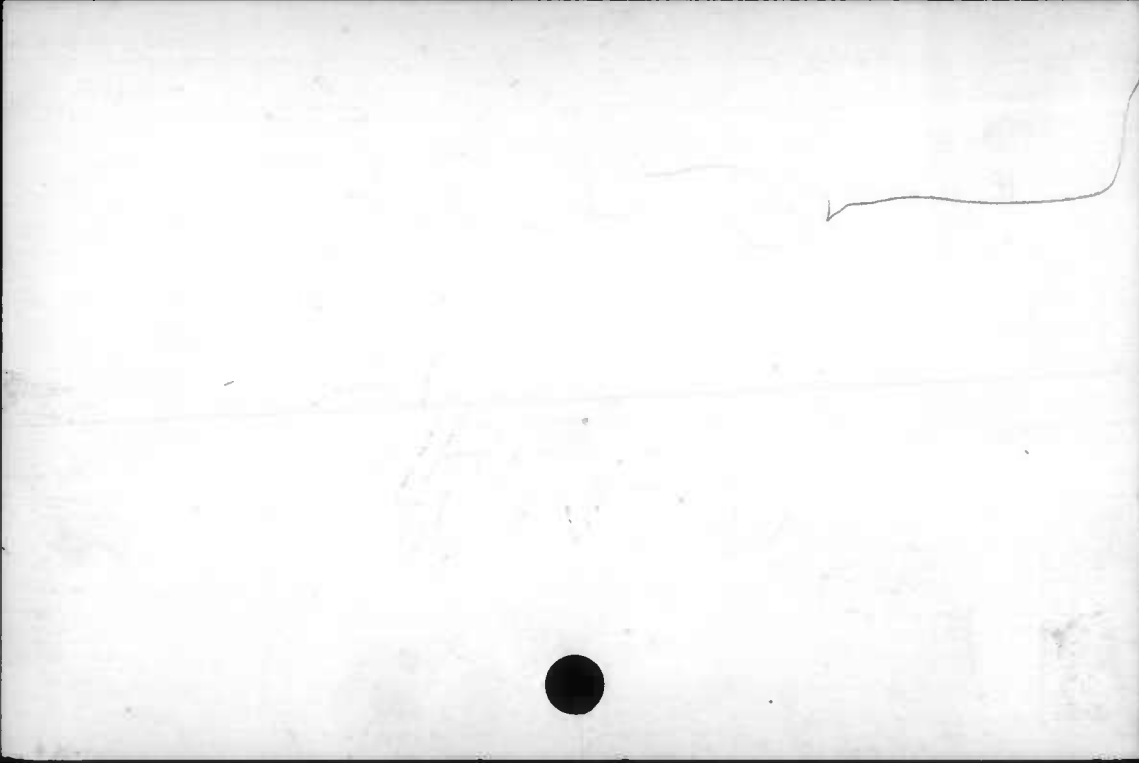
Immediate *Mitral insufficiency* How long *2 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *A. P. Twigg*

Address *Elintstone Md*

Accident or Suicide



Name  
in  
Full

Emma Coleman Salisbury

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Lonaconing

Allegheny

Date

of death

Month

Day

Years

Months

Days

1909

May

21

Age

25

Sex

Female

Color or  
Race

White

Birth-  
place

Lonaconing

Occupation

Housework

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Thomas Salisbury

Father's  
Name

Joseph Coleman

Father's  
Birthplace

Allegheny Co.

Mother's  
Maiden Name

Margaret Murphy

Mother's  
Birthplace

Lonaconing

Name of person giving  
In formation

Henry Koppell

How related  
to deceased

Brother-in-law

## CAUSES OF DEATH

120

Primary

Nephritis

How long

6 months

Immediate

Heart failure, coma

How long

2 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Henry M. Hodgson

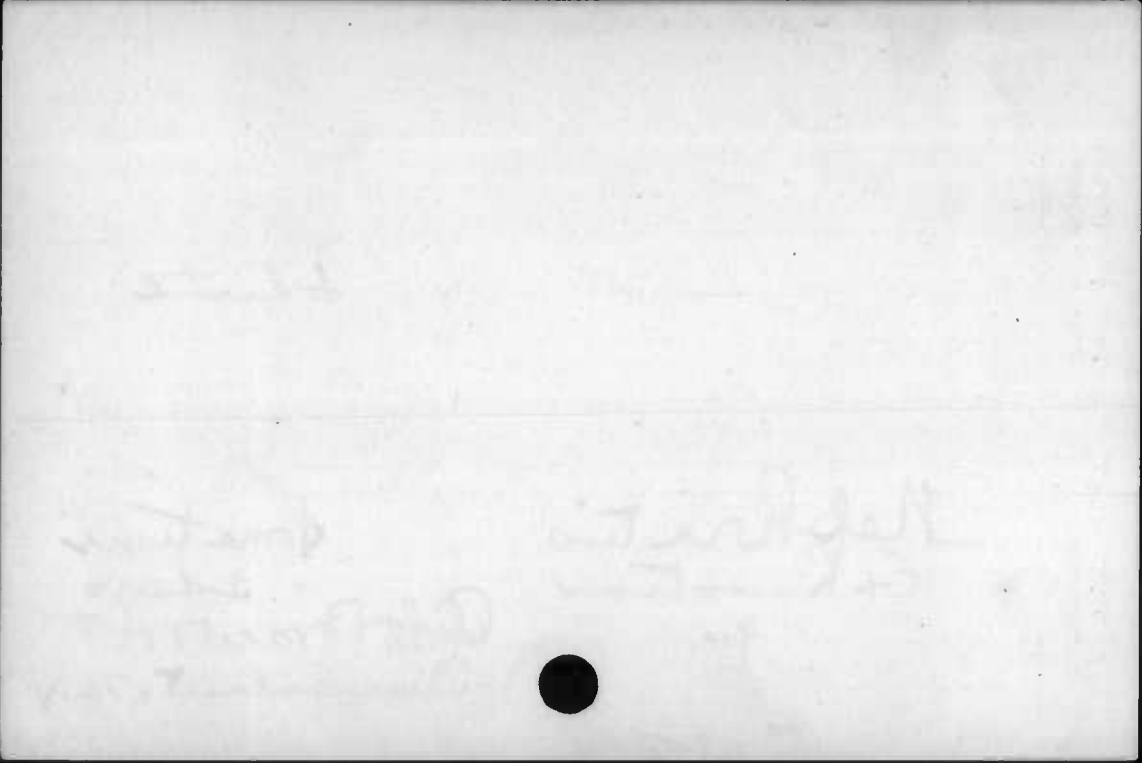
Address

Lonaconing, Ind

Accident or Suicide?

No.

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full *Susan E. Scharf* Town *Princeton* County *Princeton*

Diad at *Princeton, Pennsylvania* MARYLAND

Date of death 1909 *3* Month *10* Day Age *67* Years Months Days

Sex *Female* Color or Race *White* Birth place *Princeton Pa*

Occupation *Retired* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Edward A. Scharf*

Father's Name *John Scharf* Father's Birthplace *Pa*

Mother's Maiden Name *German* Mother's Birthplace *" "*

Name of person giving Information *Edwin E. Scharf* How related to deceased *Son*

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary *Nephritis* How long *Sometimes*

Immediate *Exhaustion* How long *3 days*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Dr. Bracken*

Address *Princeton, Ind*

Accident or Suicide *no = possible*

120

Trace

Name  
in Full

CERTIFICATE OF DEATH

Frank Simpson

Died at Brimmeland Allegany County MARYLAND

Date of death 1909 May 6 Age 74 Months — Days 5

Sex Male Color or Race White Birth-place West Va

Occupation Labour Where Residing if not at place of death —

Married, Single or Widowed Widowed Name of Wife or Husband Mary Burgee

Father's Name David Simpson Father's Birthplace W. Va

Mother's Maiden Name Do not know Mother's Birthplace Do not know

Name of person giving Information Mary Burgee How related to deceased Wife

CAUSES OF DEATH

Primary Valvular Heart Disease How long 79

Immediate Rupture of Coronary Artery How long 9 days

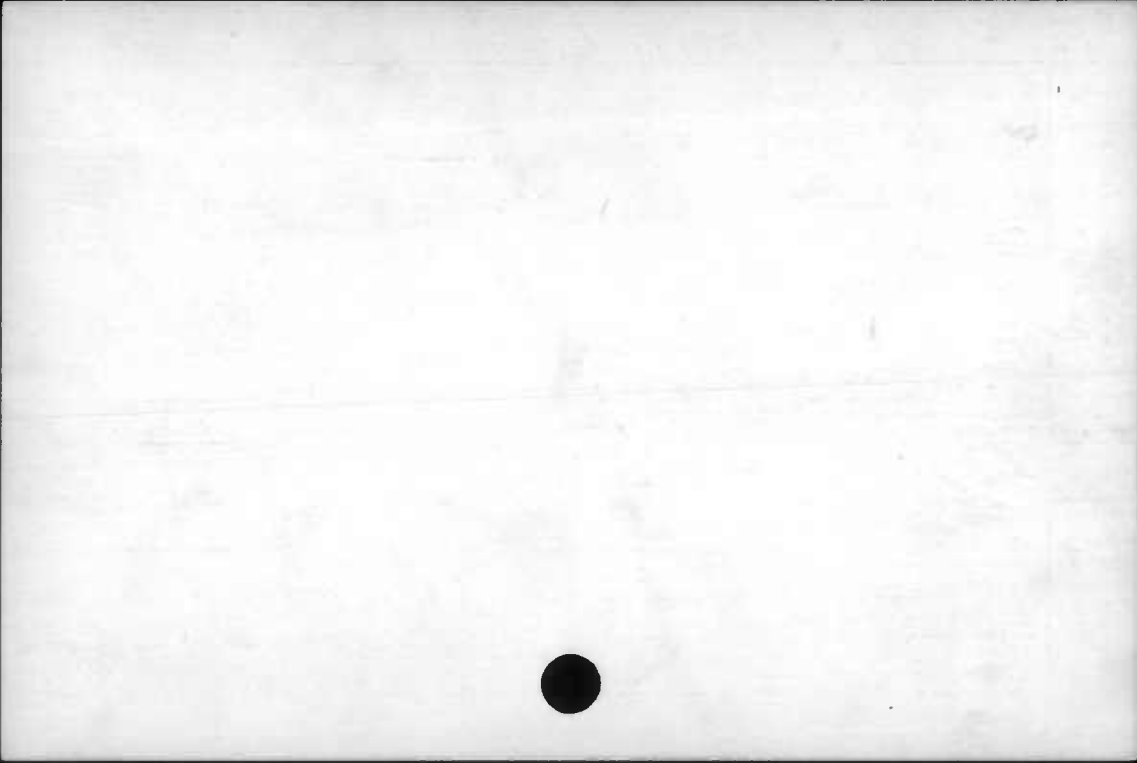
Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician J. B. Delany

Heim. Address Brimmeland

Accident or Suicide — Claybrook

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Mary Simpson* Town *Prumblard* County *Alle*

Died at *Prumblard* MARYLAND

Date of death *1909 May 13* Age *55* Months \_\_\_\_\_ Days \_\_\_\_\_

Sex *Female* Color or Race *Colored* Birth-place *Md*

Occupation *Housekeeper* Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed *Widowed* Name of Wife or Husband *Frank Simpson*

Father's Name *Nathan Burger* Father's Birthplace *Md*

Mother's Maiden Name *Sarah Pierce* Mother's Birthplace *Md*

Name of person giving Information *William Simpson* How related to deceased *Stepson*

## CAUSES OF DEATH

64

Primary *Cerebral Hemorrhage* How long *4 days*

Immediate *Paralysis* How long *4 days*

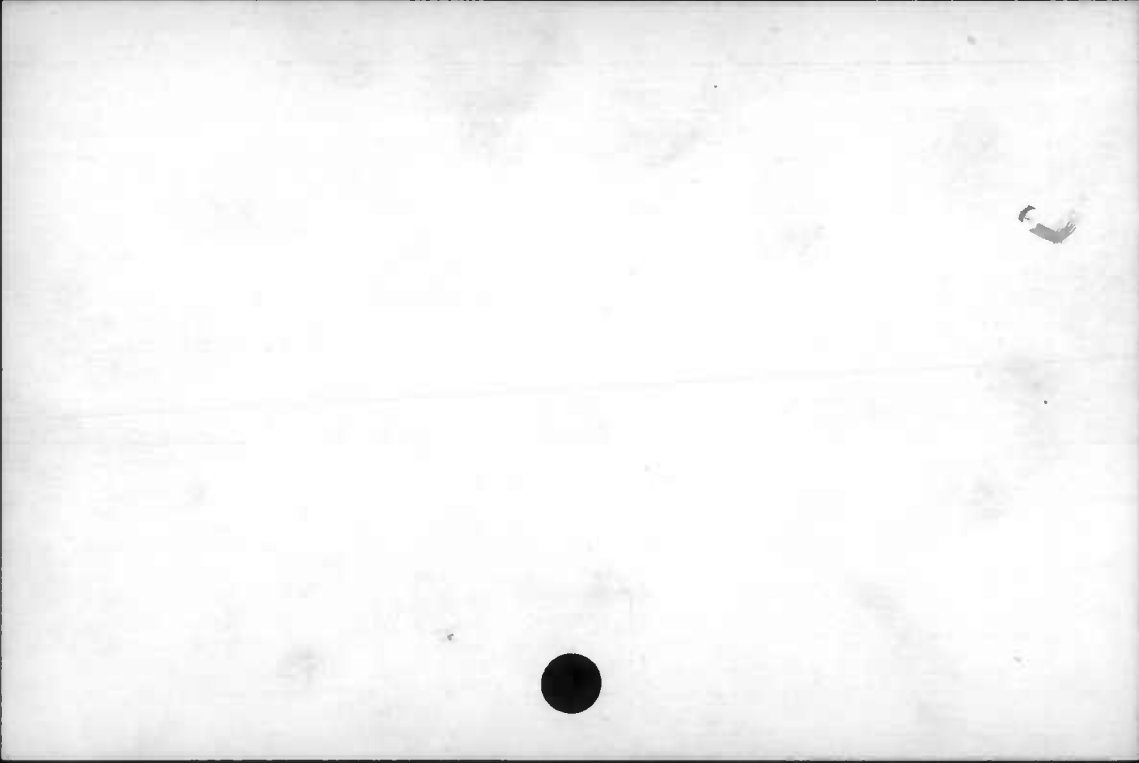
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *E. B. Layman* Address *200 Claybrook*

*Stew.*

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

*Guy Sipes*

CERTIFICATE OF DEATH

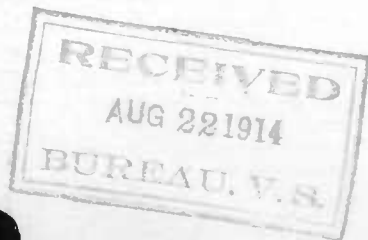
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Little Orleans</i> <sup>Town</sup>		<i>Allegheny</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>9</i>	<i>May</i> <sup>Month</sup>	<i>3rd</i> <sup>Day</sup>	Age <i>3</i> <sup>Years</sup>	<i>—</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Little Orleans</i>	
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Daniel Sipes</i>			Father's Birthplace <i>Bedford Co., Pa.</i>		
Mother's Maiden Name <i>Lizzie Divilbiss</i>			Mother's Birthplace <i>N. Va.</i>		
Name of person giving information <i>Samuel Sipes</i>			How related to deceased <i>Uncle</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORNER

Primary <i>Not Known</i>	How long <i>Not Known</i>
Immediate <i>Cerebro Spinal Meningitis</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. A. Watson M.D.</i>
	Address <i>Piney Grove Md</i>
Accident or Suicide? <i>—</i>	



RECEIVED

AUG 22 1914

BUREAU. V.S.

Name  
in  
Full

Edward P. Shuridan

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

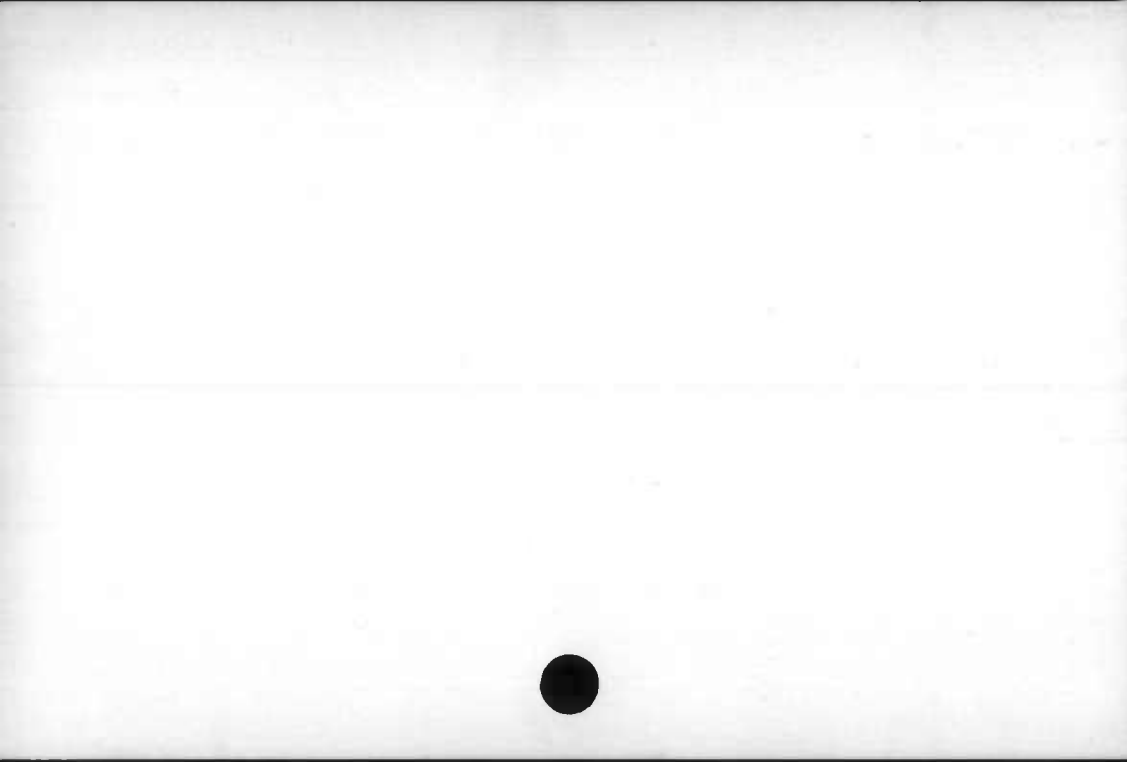
Died at <sup>Town</sup> <i>Edgar</i>		<sup>County</sup> <i>Allegheny</i>		MARYLAND	
Date of death	1909	Month	May	Day	28
Age	27	Years	1	Months	
Sex	Male	Color or Race	White	Birth-place	Edgar, Pa.
Occupation	Mechanic		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	John Shuridan			Father's Birthplace	Yonkers
Mother's Maiden Name	Margaret Callahan			Mother's Birthplace	Edgar, Pa.
Name of person giving Information	Alice Shuridan			How related to deceased	Sister

## CAUSES OF DEATH

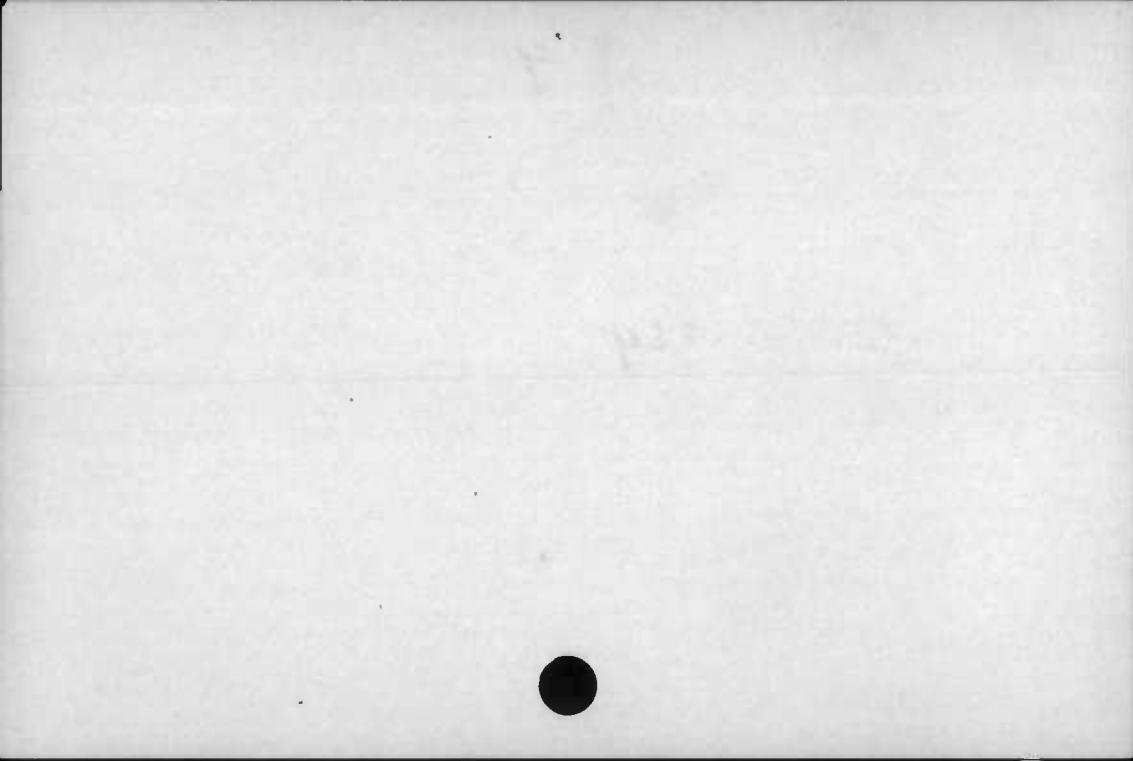
120

PHYSICIAN  
OR CORONER

Primary	Chronic Inflammation	How long	5 yrs
Immediate	Uræmia	How long	1 week
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>F. Alan G. Murray</i>
		Address	<i>Edgar, Pa.</i>
Accident or Suicide			



Name in Full		Mildred Marie Stearnson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	moscow		County		Allegany	
	Date of death	1909	Month	May	Day	20	Age
					Years	—	Months
							10
							17
	Sex	Female		Color or Race	white		Birth-place
						National	
Occupation	none		Where Residing if not at place of death		national		
Married, Single or Widowed	single		Name of Wife or Husband				
Father's Name	Harry Stearnson				Father's Birthplace	Allegany Md.	
Mother's Maiden Name	Fannie Amelia Palmer				Mother's Birthplace	Piedmont W. Va.	
Name of person giving information	Harry Stearnson				How related to deceased	Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Capillary Bronchitis				How long	3 days
	Immediate	Convulsions				How long	2 hours
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
					James O. Bullock M.D.		
Accident or Suicide?		no		Address			
				Lincolnton Md.			





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Patrick E. Tansley*  
Town *Cumberland* County *Allegheny*

Died at *Cumberland* *Allegheny* MARYLAND

Date of death 190*9* Month *5* Day *6* Age *80* Years Months Days

Sex *Male* Color or Race *White* Birthplace *Ireland*

Occupation *Miner* Where Residing if not at place of death *Barlow Mts.*

Married, Single or Widowed *Married* Name of Wife or Husband *Margaret Cameron*

Father's Name *John Tansley* Father's Birthplace *Ireland*

Mother's Maiden Name *Unknown* Mother's Birthplace *" "*

Name of person giving Information How related to deceased *Nephew*

CAUSES OF DEATH

**79**

Primary *Organic Heart disease* How long *1 year*

Immediate *Heart failure* How long *-*

Are the name, age, sex, color, date and place correctly given above? Signature of Physician *Thos. M. Tansley*

Address *Cumberland*

Accident or Suicide *Mr. Damage*

PHYSICIAN  
OR CORONER

Koone

Name  
in  
Full

*Sarah Virginia Teasdale*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

2

Died at *Cumtland* <sup>Town</sup> *alleg.* <sup>County</sup> **MARYLAND**

Date of death *1909 May 28* Age *54* Months *—* Days *—*

Sex *Female* Color or Race *White.* Birth-place *Ma*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *James Teasdale*

Father's Name *Henry Green* Father's Birthplace *Md*

Mother's Maiden Name *Catherine Broadwater* Mother's Birthplace *Md*

Name of person giving Information *James Teasdale* How related to deceased *Husband*

CAUSES OF DEATH

**42**

Primary: *Uterine Cancer* <sup>Carcinoma</sup> How long *5 yrs.*

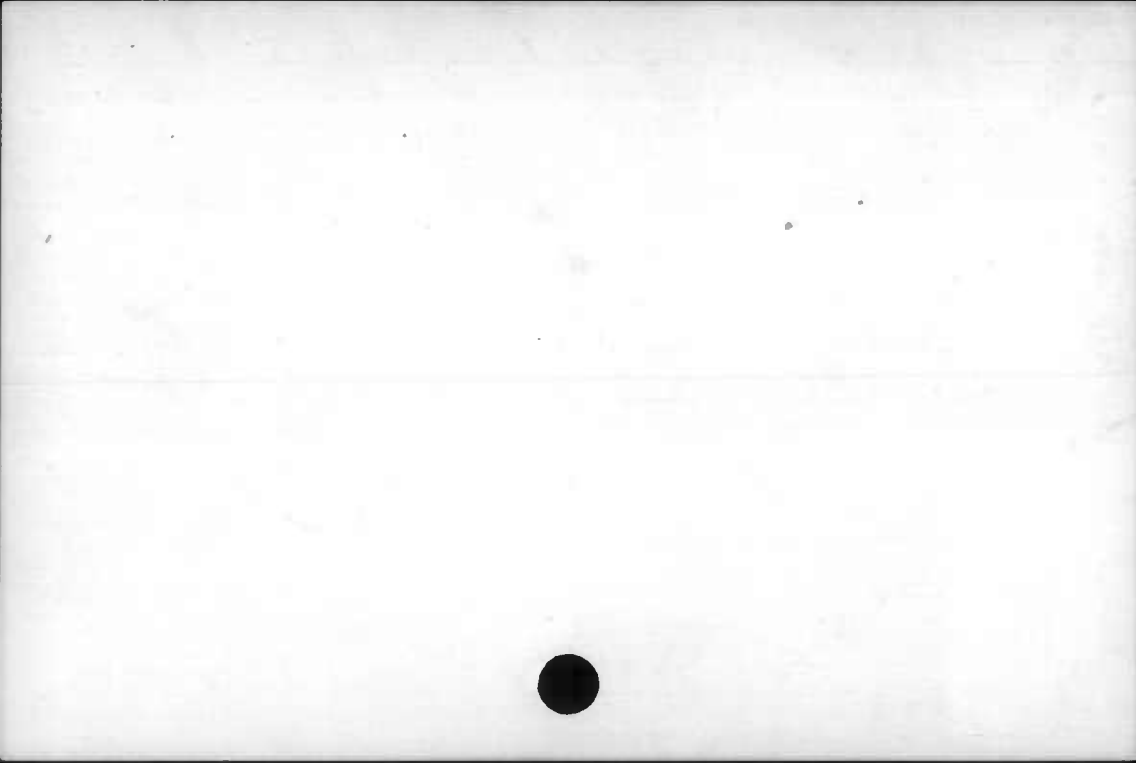
Immediate: *Exhaustion* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *A. Dr. Franklin*

Address *Cumtland*

Accident or Suicide *—*



Name  
in  
Full

William Thomas

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Brookings</i>		County <i>Allegheny</i>		State <b>MARYLAND</b>	
Date of death	Month	Day	Age	Years	Months	Days	
<i>1909</i>	<i>May</i>	<i>6</i>	<i>67</i>	<i>29</i>			
Sex	Color or Race		Birth- place				
<i>Male</i>	<i>White</i>		<i>Wales</i>				
Occupation	Where Residing if not at place of death						
<i>Retired</i>	<i>Wales</i>						
Married, Single or Widowed	Name of Wife or Husband						
<i>Married</i>	<i>Stannie</i>						
Father's Name	Father's Birthplace						
<i>Thomas</i>	<i>Wales</i>						
Mother's Maiden Name	Mother's Birthplace						
<i>Ann Griffith</i>	<i>Wales</i>						
Name of person giving In formation	How related to deceased						
<i>Ann G. Thomas</i>	<i>Son</i>						

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>Six days</i>
Immediate	<i>"</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>L. Griffith</i>	
		Address <i>Brookings Md</i>	
Accident or Suicide?			

J. W. C. O'Connell

Name  
in  
Full

Mary V Trusi

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

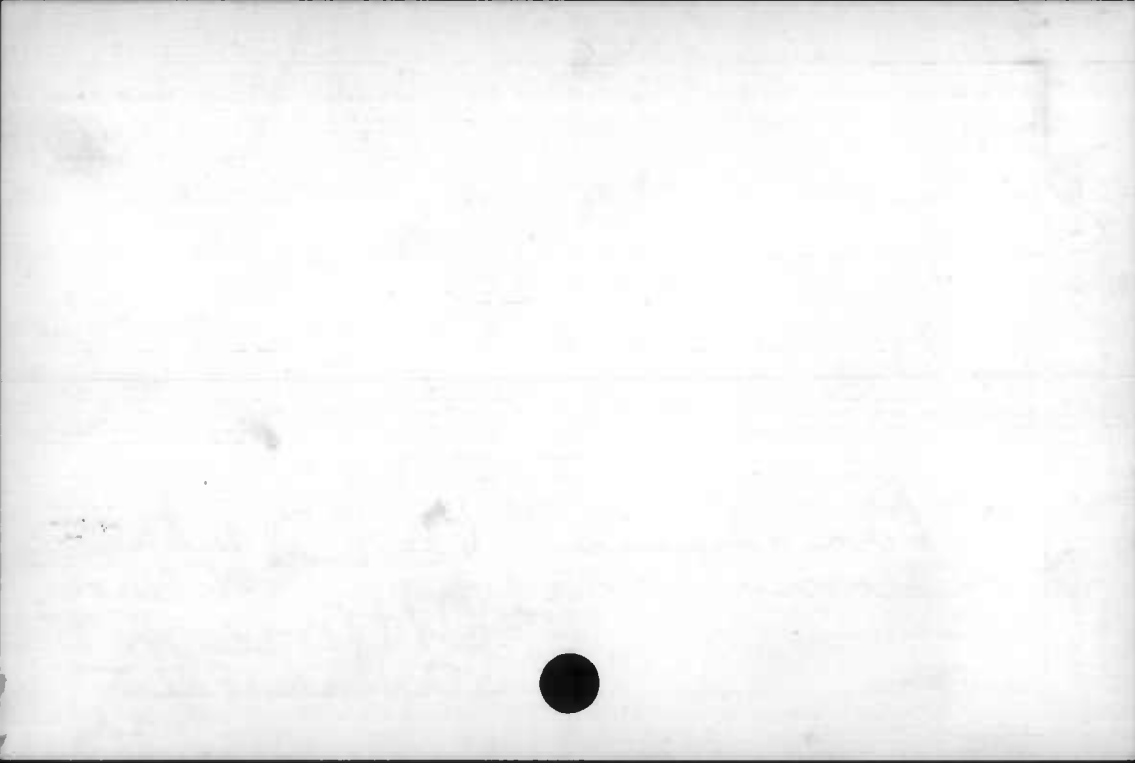
Died at <u>Cumberland</u> <u>Allegany</u> County		MARYLAND	
Date of death 1909 <u>May</u> <u>16</u>	Month <u>May</u> Day <u>16</u>	Age <u>43</u>	Years <u>—</u> Months <u>—</u> Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Hampshire Va</u>	
Occupation <u>House Wife</u>	Where Residing if not at place of death		
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>John J. Trusi</u>		
Father's Name <u>John W. Eaton</u>	Father's Birthplace <u>Pa</u>		
Mother's Maiden Name <u>Martha J. Largent</u>	Mother's Birthplace <u>W. Va.</u>		
Name of person giving Information <u>John J. Trusi</u>	How related to deceased <u>Husband</u>		

CAUSES OF DEATH

47

PHYSICIAN  
OR CORONER

Primary <u>Rheumatism</u>	How long <u>4 weeks</u>
Immediate <u>Infected Endocarditis</u>	How long <u>3 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>A. Leo Franklin</u>
<u>Steen</u>	Address <u>Cumbersport</u>
Accident or Suicide <u>No</u>	<u>Franklin WY</u>





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Lucy Veney</i>		Town <i>Cumtland</i>		County <i>T</i>	
Died at <i>Cumtland</i>		alleg		MARYLAND	
Date of death	1909	Month	May	Day	28
Age	93	Years		Months	
Sex	Female	Color or Race	Colored	Birth-place	Va
Occupation	None	Where Residing if not at place of death			
Married, Single or Widowed	Widow	Name of Wife or Husband <i>Jacob Veney</i>			
Father's Name	D. K.	Father's Birthplace		D K	
Mother's Maiden Name	D. K.	Mother's Birthplace		D K	
Name of person giving Information	Scharlett Brown	How related to deceased		Granddaughter	

## CAUSES OF DEATH

Primary	<i>Chronic Nephrosis</i>	How long	<i>106</i>
Immediate	<i>Exhaustion</i>	How long	<i>ser. yrs</i>
Are the name, age, sex, color, data and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. H. Grace M D</i>
Accident or Suicide	<i>No</i>	Address	<i>Cumtland Md</i>

2 Albert Brown

Larry Wade Benson 2a

Elder James Wheeler

Church of God & Saints of Christ

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND				
Date	1909	Month	May	Day	24	Age	Years	Months	3	Days
Sex	Male	Color or Race		W		Birth-place		Frostburg		
Occupation				Where Residing If not at place of death						
Married, Single or Widowed				Name of Wife or Husband						
Father's Name				John Wood						
Mother's Maiden Name				Lilly Clark						
Name of person giving information				Jas Wood						
Father's Birthplace				England						
Mother's Birthplace				Pennsylvania						
How related to decedent				Father						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Inanition	How long	151
Immediate		How long	24 hours
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	J. C. Cohen		
	Address		
	Frostburg		
Accident or Suicide?			

Bury himself